

## TRAVEL EXPENSE CLAIM

STD 262A (REV. 5/09)

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CLAIMANT'S NAME Joan E. Denton, Ph.D.				SSN OR EMPLOYEE NUMBER				DEPARTMENT OEHHA							
POSITION Director			CB/ID NUMBER N/R		DIVISION OR BUREAU Executive Office				INDEX NUMBER 1000						
RESIDENCE ADDRESS (See Work Address)				HEADQUARTERS ADDRESS 1001 I Street				TELEPHONE NUMBER (916) 322-6325							
CITY Sacramento		STATE CA		ZIP CODE 95814		CITY Sacramento		STATE CA		ZIP CODE 95814					
(1) MONTH/YEAR July/Aug 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED		(4) LODGING		(5) MEALS BREAK-FAST LUNCH O.T., L/T, NC, RELO. OR DINNER		(6) INCIDENTALS		(7) TRANSPORTATION (A) COST OF TRANS. (B) TYPE USED (C) CARFARE, TOLLS, PARKING (D) PRIVATE CAR USE MILES AMT		(8) BUSINESS EXPENSE		(9) TOTAL EXPENSES FOR DAY	
(2) DATE TIME															
7/15 8:00		Oakland, CA								SC 14.00		0.00		14.00	
7/23 8:00		Oakland, CA								SC 14.00		0.00		14.00	
8/11 5:40-19:30		Sacramento to Long Beach and return				6.00				SC/A RC 21.50				27.50	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
(10) SUBTOTALS				0.00		6.00 0.00 0.00		0.00		0.00 0.00		49.50 0.0		0.00 55.50	
CLAIM TOTAL														\$ 55.50	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 7/16 & 7/23/09: Attend staff meetings at OEHHA Oakland office. 8/11/09: Trip to Long Beach, CA to give a Proposition 65 presentation at the Petroleum Packaging Council meeting.															
(12) NORMAL WORK HOURS 0800 - 1700				AGENCY ACCOUNTING OFFICE USE ONLY											
(13) PRIVATE VEHICLE LICENSE NO.															
(14) MILEAGE RATE CLAIMED															
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER															
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.															
CLAIMANT'S SIGNATURE [Signature]				DATE 8/28/09		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [Signature]						DATE			
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 1 on reverse) [Signature]														DATE	